## Foster Family Home - Corrective Action Report

1-584020 Provider ID: 1-584020-4 Review ID: Home Name: Renelda Raposas, CNA Carrie Wakai 1261 Hooli Circle Reviewer: End Date: 4/07/2018 3/6/2018 Begin Date: Pearl City 96782 [17-1454-6] **Required Certificate Foster Family Home** Comply with all applicable requirements in this chapter; and 6.(d)(1)Comment: 6.d.1- Home visit made for a 2 bed CCFFH recertification survey. A Corrective Action Report was issued during the survey with a Corrective Action Plan due to CTA by 4/6/2018. [17-1454-7.1] **Background Checks Foster Family Home** Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and 7.1.(a)(2) Comment: 7.1(a)(2)-2018 APS/CAN for CG#3 and HHM#1 not present, due on or before 3/1/18. [17-1454-45] **Foster Family Home** Fire Safety The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times 45.(a) of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

45(a)-No fire drills were conducted by CG#2 and CG#3 in 2017.

Carne Waken PN
Compliance Manager
Revelda Raposur

Primary Care Giver

Date

3/6/18

Date

Comment:

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

RAPOSAS

CCFFH Name: RENELOA RAPOSAS CCFFH Address: 1261 Hooli Circle, Pearl City

<sup>3</sup> / <sub>2</sub>	H1 96782		
Rule	Corrective Action Taken	Date	Prevention Strategy
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15/21	AC 47 & a.h. hill		O o C · · · · · · · · · · · · · · · ·
1000)	CG HZ is scheduled		P.C.B will schedul
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	March and CG # 3		once a year.
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	drill in April,		
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Primary Caregiver's Signature: \_\_

Print Name: RENELDA RAPOSAS

Date of Signature: